## STATEMENT OF ORGANIZATION FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES (See Reverse Side For Instructions) Party Committee Political Action Committee This is a (check one) Initial Statement Amended Statement This is an (check one) COMMITTEE (PLEASE TYPE OR PRINT) 5 Name Friends of the taternal order of Mailing Address (Street, City, State, Zip Code) 1748 5.105 to St. Edwardsville KS.66111(913) 48 CHAIRPERSON Home Telephone NorTu (913) 583-102 Mailing Address (Street, City, State, Zip Code) Business Telephone TREASURER Name Home Telephone (913) 441-4745 Mailing Address (Street, City, State, Zip Code) Business Telephone 1748 S. 105th St. Edwardsville KS. (dell) (913) 485-70 AFFILIATED OR CONNECTED ORGANIZATIONS Name Mailing Address (Street, City, State, Zip Code) If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contributors.

## SIGNATURE:

"I declare that this statement has been examined by me and to the best of my knowledge and belief is true, correct and complete. I understand that the intentional failure to file this document or intentionally filing a false document is a class A misdemeanor."

5.23.04 (Date)

(Signature of Chairperson)

Governmental Ethics Commission

Rev.2000